

NOTICE OF ACTION
(Continued)

COUNTY OF

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Notice Date
Case Name
Number

FAMILY'S INCOME

Monthly Cash Aid Amount

Section A. Countable Income, Month of

Total Business Income
Business Expenses:
a. 40% Standard
OR
b. Actual
Net Earnings from Self-Employment
Total Disability-Based Unearned Income
(Assistance Unit + Non-Assistance Unit Members)
\$225 Disregard
Nonexempt Unearned Disability-Based Income
OR
Unused Amount of \$225 Disregard
Total Earned Income
Net Earnings from Self-Employment (from above)
Subtotal
Unused Amount of \$225 Disregard (from above)
Subtotal
Earned Income Disregard 50%
Subtotal
Nonexempt Unearned Disability-Based Income (from above)+
Other Nonexempt Income (Assistance Unit +
Non-Assistance Unit Members)

Net Countable Income

Section B. Your Cash Aid, Month of

1. Maximum Aid Persons
(Assistance Unit + Non-Assistance Unit Members)
2. Special Needs (Assistance Unit + Non-Assistance
Unit Members)
3. Net Countable Income from Section A
4. Subtotal
5. Maximum Aid Persons (Assistance Unit only)
(Excluding MFG, or Penalized Persons)
6. Special Needs (Assistance Unit only)
7. Maximum Aid Subtotal
8. Full Month Aid Subtotal
(Lowest Amount on Line 4 or 7)
9. Line 8 Prorated for Part of Month
10. Adjustments: 25% Child Support Penalty(ies)
Overpayment
Cal-Learn Penalty(ies)
Cal-Learn Bonus
11. Monthly Cash Aid Amount
(Line 8 or 9 Adjusted)

Rules: These rules apply; you may review them at your
welfare office: MPP 44-100; 44-314; 44-315